



Atty. Dkt. No. 053466-0286  
1641\$  
G.C.  
STW

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Yasuko OZAKI et al.

Title: IMMUNOCHEMICAL ASSAY  
FOR ANTI-HM1.24 ANTIBODY

Appl. No.: 09/622,646

International Filing Date: 02/25/1999

Filing Date:

371(c) Date: 08/21/2000

Examiner: Christine E. Foster

Art Unit: 1641

Confirmation Number: 8792

**RESPONSE TRANSMITTAL**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

[ X ] The fee required for additional claims is calculated below:

	Claims		Extra			Additional
	As	Previously	Claims	Rate	Claims Fee	
	Amended	Paid For	Present			
Total Claims:	16	-	20	=	0	x \$50.00 = \$0.00
Independent Claims:	4	-	4	=	0	x \$210.00 = \$0.00
First presentation of any Multiple Dependent Claims:						+ \$370.00 = \$0.00

04/30/2008 EERUDH71 00000032 09622246

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CLAIMS FEE TOTAL	=	\$0.00
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[ X ] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

[ X ] Extension for response filed within the first month:	\$120.00	\$120.00
[ ] Extension for response filed within the second month:	\$460.00	\$0.00
[ ] Extension for response filed within the third month:	\$1,050.00	\$0.00
[ ] Extension for response filed within the fourth month:	\$1,640.00	\$0.00
[ ] Extension for response filed within the fifth month:	\$2,230.00	\$0.00
EXTENSION FEE TOTAL:		\$120.00
[ ] Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$130.00	\$0.00
CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:		\$120.00
[ ] Small Entity Fees Apply (subtract ½ of above):		\$0.00
Extension Fees Previously Paid:		\$0.00
<b>TOTAL FEE:</b>		<b>\$120.00</b>

A credit card payment form in the amount of \$120.00 is enclosed. The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by the credit card payment form being unsigned, providing incorrect information resulting in a rejected credit card transaction, or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date April 29, 2008 By Stephen B. Maebius

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Stephen B. Maebius  
Attorney for Applicant  
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